

JAN 30 2006

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No. .... 09/844,175  
 Filing Date ..... April 27, 2001  
 Inventorship ..... Warren M. Farnworth et al.  
 Assignee ..... Micron Technology, Inc.  
 Group Art Unit ..... 2829  
 Examiner ..... R. Kober  
 Customer No. .... 021567  
 Confirmation No. .... 4157  
 Attorney's Docket No. .... MI22-1703  
 Title: Removable Electrical Interconnect Apparatuses and Removable Engagement  
 Probes

**Mail Stop Fee Amendment**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria VA 22313-1450**

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1. Transmittal Form (PTO/SB/21) & Fee Transmittal (PTO/SB/17) in duplicate
2. Supplemental Information Disclosure Statement with Form PTO-1449
3. Response to 9/28/2005 Office Action
4. Terminal Disclaimer
5. Request for Extension of Time (1 mo.)
6. Interview Summary

Dated: 1/30/06

By:   
 Name ..... Natalie King  
 Telephone No. ..... (509) 624-4276  
 Facsimile No. ..... (509) 838-3424

NUMBER OF PAGES IN FACSIMILE: 30

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PTO/SB/21 (03-03)

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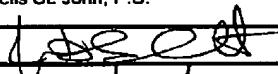
(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/844,175
Filing Date	April 27, 2001
First Named Inventor	Farnworth et al.
Art Unit	2829
Examiner Name	R. Kober
Attorney Docket Number	MI22-1703

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Form PTO-1449; Interview Summary.</b>
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	James D. Shaurette, Reg. No. 39,833 Wells St. John, P.S.
Signature	
Date	1/27/06

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: January 30, 2006

Typed or printed	Natalie King
Signature	
Date	1/30/06

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JAN 30 2006

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2008. OMB 0651-0032  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete If Known</b>	
<b>Fee Transmittal</b> <b>For FY 2005</b>		Application Number	09/844,175
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	April 27, 2001
<b>TOTAL AMOUNT OF PAYMENT</b> (\$)		First Named Inventor	Farnworth et al.
1130.00		Examiner Name	R. Kober
		Art Unit	2829
		Attorney Docket No.	MI22-1703

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account			Deposit Account Number: 23-0925	Deposit Account Name: Wells St. John, P.S.
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

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**FEES CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

Small EntityFee (\$) 50Fee (\$) 25

Each independent claim over 3 (including Reissues)

Fee (\$) 200Fee (\$) 100

Multiple dependent claims

Fee (\$) 360Fee (\$) 180Total ClaimsExtra Claims 43 - 20 or HP = 2 x 50.00 = 100.00Multiple Dependent ClaimsFee (\$)Fee (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims 7 - 3 or HP = 3 x 200.00 = 600.00Fee (\$)Fee (\$)

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): IDS; Terminal Disclaimer; Req. for Ext.

Fees Paid (\$)

\$430.00

<b>SUBMITTED BY</b>			
Signature			Registration No. (Attorney/Agent) 39,833
Name (Print/Type)	James D. Shaurette		Telephone 509-624-4276
			Date 1/27/06

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

Approved for use through 07/31/2008. OMB 0651-0032  
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		First Named Inventor	Farnworth et al.	
		Examiner Name	R. Kobert	
		Art Unit	2829	
<b>TOTAL AMOUNT OF PAYMENT</b> (\$)		1130.00	Attorney Docket No.	MI22-1703

**METHOD OF PAYMENT (check all that apply)**

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 23-0925 Deposit Account Name: Wells St. John, P.S.				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
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	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
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**2. EXCESS CLAIM FEES**Fee Description

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Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	
				Fee (\$)	Fee (\$)
43	- 20 or HP = 2	x 50.00	= 100.00	50	25
HP = highest number of total claims paid for, if greater than 20.				200	100
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	360	180
7	- 3 or HP = 3	x 200.00	= 600.00		
HP = highest number of independent claims paid for, if greater than 3.					

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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**4. OTHER FEE(S)**

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Other (e.g., late filing surcharge): IDS: Terminal Disclaimer, Req. for Ext.

Fees Paid (\$)

\$430.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent) 39,833	Telephone 509-624-4276
Name (Print/Type)	James D. Shaurette		
	Date 1/27/06		

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Assignee ..... Micron Technology, Inc.  
Group Art Unit ..... 2858  
Examiner ..... R. Kober  
Attorney's Docket No. .... MI22-1703  
Title: Removable Electrical Interconnect Apparatuses and Removable Engagement  
Probes

To: Mail Stop Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

From: James D. Shaurette (Tel. 509-624-4276; Fax 509-838-3424)  
Wells, St. John, P.S.  
601 W. First Avenue, Suite 1300  
Spokane, WA 99201-3828

## INTERVIEW SUMMARY

Sir:

Applicants wish to thank the Examiner for the courtesies extended to the undersigned during the telephone interview. The undersigned and the Examiner discussed the objection to the drawings and the claims as set forth on pages 2-3 of the Office Action. In particular, the undersigned discussed the distinctions between the transitional phrases "comprising" and "consisting of." The undersigned noted that the claims use the phrase "comprising" and accordingly are open ended as opposed to the closed scope afforded to claims which use "consisting of." It follows that the claims which recite "an apex" also cover or read on constructions including a plurality of apexes by use of the term